VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-d)

08698

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Gaithersburg Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Thirty years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Clarksburg Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elwood E Barr

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lilian Barr

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.): Oct 22 1888

8. AGE: Years 51 Months 9 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace: Lancaster Penn (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Store

FATHER 12. Name: William L. Barr

13. Birthplace: Unknown

MOTHER 14. Maiden name: Emma Witman

15. Birthplace: Unknown

16. Informant: Lilian Barr

Address: Clarksburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 9 1940 (month) (day) (year)

Cemetery or crematory: Clarksburg Md

Location: Montgomery Co Md

18. Funeral director: Roy W Barber

Address: Laytonsville Md

19. Aug 8 1940 (Date rec'd by registrar) Alveda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1940, at about 8:40 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19__ to 19__, and that I last saw h__ alive on 19__.

Immediate cause of death: Laceration of throat with razor blade

Due to: Suicide hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of 8/7/40

Where did injury occur? Clarksburg (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Cut throat with razor blade Injured at work?

23. SIGNATURE: C. E. Hawks M.D. or other

Address: Rockville Md Date signed 8/8/40

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SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08699

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Good Hope, Rural Silver Spring (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Good Hope (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Joseph Henry Boston

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: A.A.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of ~~husband or~~ wife: Effie Budd Boston
6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): 12-3-66
8. AGE: Years: 73 Months: 8 Days: 18 If less than one day: hrs. min.
9. Birthplace: Montgomery Co. Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: State Roads.
FATHER 12. Name: Joseph Boston
13. Birthplace: Prince George, Md.
MOTHER 14. Maiden name: Henrietta Adams
15. Birthplace: Prince George Co. Md.
16. Informant: Alice Bellows (Daughter)
Address: Good Hope Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof August 24 1940 (month) (day) (year)
Cemetery or crematory: Cemetery Good Hope
Location: Colesville Md
18. Funeral director: Robert L Knowles
Address: Rockville Md
19. Aug 23 1940 (Date rec'd by registrar) Sallie B. Lukens Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 21 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 14 1938, to August 21 1940
and that I last saw h~~im~~ alive on August 16 1940

	DURATION
Immediate cause of death: Cerebral Hemmorrhage	1 hour
Due to: Arteriosclerosis	?
Due to:	
Other conditions: Right Inguinal Hernia	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Webster Sewell M. D. or other
Address: Norbeck Md. Date signed

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SEP 7 1940
BUREAU V. S.

08700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH

County: Montgomery

City or town: Takoma Park, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 608 Carroll Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Takoma Park. Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 608 Carroll Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Cornelia Pond Williams-Chambers.

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. Nesbitt Chambers

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 3, 1850

8. AGE: Years: 89 Months: 8 Days: 22 If less than one day: hrs. min.

9. Birthplace: Beirut, Syria. (Town, county, and state)

10. Usual occupation: Hwy. - Missionary

11. Industry or business: Home. - "

FATHER

12. Name: Frederick Williams

13. Birthplace: New Hartford, N.Y.

MOTHER

14. Maiden name: Sarah Pond

15. Birthplace: Rome, N.Y.

16. Informant: Dorothea Chambers-Blaisdell -

Address: 2934 Newark St., NW, Wash, DC

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Aug. 25, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Ft. Lincoln Cemetery

18. Funeral director: WW Chambers Co

Address: 1400 Chapin St. N.W.

19. 8/25/40 (Date rec'd by registrar) 19 J. Dudley Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 25 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 22 1940, to Aug. 25 1940, and that I last saw her alive on Aug. 24 1940.

Immediate cause of death	DURATION
~~Senility~~ Cardiac Decompensation	48 hrs.
Due to Chronic Myocardial Degen.	4 yrs.
Due to Senility	4 yrs.
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations: None.

Of autopsy: None.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. P. McNeill, M.D. M. D. or other

Address: Silver Spring, Md. Date signed: 8/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08701

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131-6)

County Montgomery Registration Dist. No. 217

Village or City Sunshine — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 16 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sadilla Brooks Dailey If U. S. Veteran, specify WAR no

(a) Residence: No. Sunshine Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fem	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Dailey

6. DATE OF BIRTH (month, day, and year) Aug 13 1863

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
77	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) Boyds - Mont Co (State or country) Md -

FATHER

13. NAME Emory Nicholson

14. BIRTHPLACE (city or town) Mont Co (State or country) Md -

MOTHER

15. MAIDEN NAME Rhoda Nicholson

16. BIRTHPLACE (city or town) Mont Co (State or country) Md

17. INFORMANT Mrs Simon Craver (Address) Brookeville R 2 -

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Sept 1, 1940

19. UNDERTAKER Roby W Barber (Address) Gaithersburg Md

20. FILED Aug 30, 1940 Gertrude B. Fowler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 29 (Day) —, 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Aug 29 —, 1940

I last saw h.er alive on Aug 25, 1940; death is said to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1 Hypertension	
2 Chr Nephritis	unknown

Other Contributary Causes of Importance:

Old age

Name of operation none Date of —

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Chas E Simpkinson M. D.

(Address) Sandy Spring Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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SEP 7 1940
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 08702

1. PLACE OF DEATH: Montgomery
County
Thompson's Corner
City or town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Thompson's Corner
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME No name--Miscarriage Davis

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced:
6.(b) Name of husband or wife
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Aug. 6, 1940
8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.
8. Birthplace: Thompson's Corner, Montgomery Co., Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: George Brown
13. Birthplace: Montgomery Co., Md.
MOTHER 14. Maiden name: Peggy Lou Davis
15. Birthplace: Montgomery Co,, Md,
18. Informant: Mrs. Ray Davis
Address: Thompson's Corner, Montgomery Co. Md.
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director
Address
19. (Date rec'd by registrar) 19 ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 6 1940, 19..., at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Miscarriage	
(4 mo. foetus)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: T. R. Gough, M. D.
M. D. or other
Address: Hyattstown, Md. Date signed: 8-9-40

RECEIVED
AUG 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08703

Reg. Dist. No. 418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Laytonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Laytonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lena M Dyson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	married

6 (b) Name of husband ~~or wife~~ Vernon H Dyson
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 7 - 1872

8. AGE: Years	Months	Days	If less than one day
68	3	8	hrs. min.

9. Birthplace Montgom Co Md (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business Home
FATHER 12. Name Isreal J Warfield
13. Birthplace montgom co md
MOTHER 14. Maiden name Mysiah J Griffith
15. Birthplace Montgom Co Md
16. Informant Vernon H Dyson
Address Laytonsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 17 1940 (month) (day) (year)
Cemetery or crematory Redlands Md
Location Montgom Co Md
18. Funeral director Roy W Barber
Address Laytonsville Md
19. Aug 17 1940 (Date rec'd by registrar) C O Kell Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15 1940, at 2.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/15 1940, to 8/15 1940, and that I last saw h alive on 8/14 1940.

Immediate cause of death: Acute cardiac dilitation — DURATION 1 day
Due to Chronic Myocarditis — 3 years
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE [illegible] M D
Address Sandy Spring Md M. D. or other
Date signed 8/15/40

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SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6) 08704

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County Montgomery
City or town Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 14 - Williams Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 - Days -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Washington County D.C.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3133 - Conn Ave NW
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Elizabeth Jones Falvy

3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
8 (b) Name of husband or ~~wife~~ Thomas R. Falvy
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 31 - 1875

8. AGE: Years 65 Months 6 Days 17 If less than one day hrs. min.

9. Birthplace Rockville - Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Spencer C. Jones
13. Birthplace Rockville Md
MOTHER 14. Maiden name Elizabeth Brewer
15. Birthplace Maryland
18. Informant Mrs. Nicholas Brewer
Address 14 - Williams St - Rockville
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 20/40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Frederick - Maryland
18. Funeral director Wm. Reuben Humphrey
Address Rockville - Maryland
19. 8-19 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1940, at 3:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 17 1940, to Aug 17 1940, and that I last saw her alive on Aug. 17 1940.

Immediate cause of death Cerebral hemorrhage — DURATION 1½ hrs.
Due to Hypertension, arteriosclerosis, chronic nephritis — 5 yrs.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. A. Linthicum, M.D. M. D. or other
Address Rockville, Md. Date signed Aug 19, 1940

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SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-D)

08705

CERTIFICATE OF DEATH

Reg. Diat. No. 21 H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: 1120 Glen Ross Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1120 Glen Ross Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Joseph Aloysius Fenton

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Edith Brenton Fenton

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1868

8. AGE: Years 72 | Months 6 | Days 30 | If less than one day ____ hrs. ____ min.

9. Birthplace Kalamazoo Michigan (Town, county, and state)

10. Usual occupation Retired from U. S. Gov.

11. Industry or business

FATHER 12. Name Thomas Fenton

13. Birthplace Ireland

MOTHER 14. Maiden name Catherine Harrigan

15. Birthplace Ireland.

16. Informant Edith Brenton Fenton

Address 1120 Glen Ross Road Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 27 1940 (month) (day) (year)

Cemetery or crematory Rock creek cem

Location Washington, D.C.

18. Funeral director The S. G. Hines Co

Address 2901 - 14th st N.W.

19. 8/26/40 (Date rec'd by registrar) 19 ____ Sallie B. Serling Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1940, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1939, to Aug 24th 1940, and that I last saw him alive on Aug 24 1940.

Immediate cause of death Chronic Valvular Heart Disease — DURATION

Due to

Due to

Other conditions Generalized Arteriosclerosis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Marion Bamstead M.D. M. D. or other

Address Silver Spring, Md Date signed 8/24/40

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SEP 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08706

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A154

1. PLACE OF DEATH:
County Montgomery
City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Sanitarium & Hospital
Stay in hospital or inst. (yrs., or mos., or days) - 5 days -
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Box 482
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alice Elizabeth Fincham

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James Fincham
dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12 - 1890

8. AGE: Years	Months	Days	If less than one day
50		12	hrs. min.

9. Birthplace Haulin, Virginia (Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Frank Jenkins
13. Birthplace Virginia

MOTHER
14. Maiden name Martha Green
15. Birthplace Haulin, Virginia

16. Informant Wash. San. & Hospital Records
Address Takoma Park, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof Aug 27, 1940 (month) (day) (year)
Cemetery or crematory Family
Location Woodville Va
18. Funeral director Guest Funeral Parlors
Address Culpeper Va

19 Aug 27-1940 19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1940, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Aug 23 1940, and that I last saw her alive on Aug 23 1940.

	DURATION
Immediate cause of death Cardiac Failure	
Due to Cardio Vascular Renal disease	2 yrs
Due to	
Other conditions Uremia	3 mo.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Donald H. Vollmer M.D.
M. D. or other
Address Wash San + Hosp. Takoma Park, Md. Date signed 8/24/40

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SEP 4 1940
BU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

08707

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Montgomery Co

City or town: Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 702 Saratoga Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Montg. Co

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Edward Fox

3. (b) Social Security Number 40

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife: Martha E Fox

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 16 - 1849

8. AGE: Years: 91 | Months: 1 | Days: 23 | If less than one day: hrs. min.

9. Birthplace: Prince Wm Co. Va

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Edward Fox

13. Birthplace: Va

MOTHER — 14. Maiden name: Mary Matthews

15. Birthplace: Va

16. Informant: J. N. Fox

Address: 702 Saratoga Ave, Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-12-40 (month) (day) (year)

Cemetery or crematory: Montgomery

Location: Beallsville

18. Funeral director: Wm B. Hilton

Address: Barnesville, Md

19. Aug 10 1940 (Date rec'd by registrar) Sallie B. Leibig Registrar

Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 9th 1940, at 11½ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-16 1939, to 8-9 1940, and that I last saw him alive on 8-9 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to senility	
Due to Coronary sclerosis generalized arteriosclerosis	2 mos? 10 yrs?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: — none —

Of operations:

Of autopsy: — none —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Norman C. Shoemaker M.D.

Address: 8081 Mellard Drive, Silver Spring, Md — M. D. or other — Date signed: 8-9-40

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BUREAU V. S.

08708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town W Spencerville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 0-1-19

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Mont
City or town Spencerville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME James Peyton Frazier

3. (b) Social Security Number —

4. Sex M
5. Color or race col
6. (a) Single, married, widowed, or divorced sing
6 (b) Name of husband or wife no
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 12 - 40

8. AGE: Years 0 Months 1 Days 19 If less than one day — hrs. min.

9. Birthplace Olney Mont Co Md
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name J. Wilton Frazier
13. Birthplace Mont Co Md

MOTHER
14. Maiden name Blanche T. Campbell
15. Birthplace Mont Co. Md

16. Informant J W Frazier
Address Spencerville Md

17. Bire[illegible] Date thereof Sep 1 1940
(Burial, cremation, or remo[illegible] which?) (month) (day) (year)
Cemetery or crematory S Spencerville
Location Round Hill

18. Funeral director Robert L Snoddle
Address Rockville Md

19. Aug 31 1940 Sallie B. Leahy Deptg. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 — 1940, at 5 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 — 1940, to Aug 31 — 1940, and that I last saw him alive on Aug 26 — 1940.

Immediate cause of death Convulsions of
Due to unknown origin
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

DURATION 18 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas Tumbleson M. D. or other
Address Sandy Spring Md Date signed 8-31-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08709

1244

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cedarcroft Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 51 Southgate Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War I

3. (a) FULL NAME: Wilbur Eldredge Goodhue

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Harrison

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Feb. 3 - 1891

8. AGE: Years: 49 Months: 6 Days: 12 If less than one day: hrs. min.

9. Birthplace: Evanston Ill.
(Town, county, and state)

10. Usual occupation: Naval Officer

11. Industry or business:

FATHER 12. Name: Wilbur Goodhue Sr.

13. Birthplace: Chicago Ill.

MOTHER 14. Maiden name: Louise ?

15. Birthplace: New Orleans La.

16. Informant: Anna Goodhue (Wife)

Address: 50 Southgate Ave Annapolis

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 19, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cem.

Location: Arlington Va.

18. Funeral director: J. William Leitch & Sons

Address: 300 - 4th St. N.E.

19. Aug. 15 1940 (Date rec'd by registrar) Sallie Lubig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 15 1940, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 1940, to Aug. 15 1940; and that I last saw h alive on Aug. 11 1940

	DURATION
Immediate cause of death: Cirrhosis of Liver	?
Due to:	
Due to:	
Other conditions: Gastric Hemorrhage (Include pregnancy within 3 months of death)	24 hrs.

Major findings:

Of operations:

Of autopsy: Cirrhosis of Liver

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Richard B. Thibadeau M.D.
M. D. or other

Address: 2012 - R. St. N.W. D.C. Date signed: 8/15/40

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SEP 4 1940
BUREAU V. S.

08710

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Cabin John, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Mae Hall If U. S. Veteran, specify WAR —

(a) Residence: No. Cabin John, Md. St., — Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David Victor Hall

6. DATE OF BIRTH (month, day, and year): May 14 1890.

7. AGE: — Years 50 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Her home

10. Date deceased last worked at this occupation (month and year): 1940

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Eliza Skinner

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Victor Hall

(Address) Woodrow Ave, Cabin John, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rochelle, Virginia Date Aug. 31, 1940

19. UNDERTAKER: Wm Reuben Pumpferry

(Address) 7005 Wes. Ave. Bethesda

20. FILED Aug 30, 1940 B. C. Perry, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 16, 1940, to Aug. 29, 1940

I last saw her alive on Aug. 28, 1940; death is said to have occurred on the date stated above, at 4:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carcinoma of the uterus. Date of onset: Unknown

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Wheeler O. Huff M. D.

(Address) Bethesda, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

08711

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Montgomery

City or town: Rockville.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chestnut Lodge Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 7 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Woodside Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 8912 - 1st ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: John R. Harding

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Mary D. Harding.

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Nov. 5. 1875

8. AGE:

Years	Months	Days	If less than one day
64	9	13	hrs. min.

9. Birthplace: Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation: Carpenter.

11. Industry or business: D.C. Schools.

FATHER
12. Name: Andrew Jackson Harding.
13. Birthplace: Montg. Co. Maryland.

MOTHER
14. Maiden name: Margaret Elizabeth Myers
15. Birthplace: Frederick Co. Md.

16. Informant: Mary D. Harding.
Address: 8912 - 1st ave, Woodside, Md.

17. Burial
(Burial, ~~cremation~~, or ~~removal~~. Which?)
Date thereof: Aug 20. 1940 (month) (day) (year)

Cemetery or crematory: Union Cemetery.

Location: Burtonsville, Md.

18. Funeral director: Warner E. Pumphrey.
Address: 8424 - Ga. ave, Silver Spring, Md.

19. Aug 20 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 18 1940, at 208 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death: Strangulation by hanging (Suicide)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 8/18/40

Where did injury occur? Rockville Montgomery Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Chestnut Lodge San.

Means of injury: Hanging Injured at work? No

23. SIGNATURE: C. E. Hawks.
Deputy Medical Ex of Montgomery Co. Md
Address: Rockville Md Date signed: 8/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1940
BUREAU V. S.

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

08712

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 701 Woodside Parkway

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 701 Woodside Parkway
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Oliver Harriman

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Grace Carley Harriman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1861

8. AGE: Years 79 Months 8 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace New York City, N.Y.
(Town, county, and state)

10. Usual occupation Banker & a broker retired

11. Industry or business

FATHER
12. Name Oliver Harriman
13. Birthplace England

MOTHER
14. Maiden name Laura Low
15. Birthplace New York

16. Informant Mrs. Grace C. Harriman
Address 701 Woodside Parkway, Silver Spring Md.

17. Burial & transit Date thereof Aug. 14, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory White Plains

Location White Plains, New York

18. Funeral director Warner E. Pumphrey

Address 8424 Ga. Ave., Silver Spring Md.

19. Aug 14 1940 Sallie B. Liling Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1940, to August 14 1940, and that I last saw him alive on August 14 1940.

Immediate cause of death Coronary Occlusion — DURATION 2 months 11 days

Due to Coronary Artery Disease

Due to

Complication

Other conditions Congestive Failure — 26 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

—

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Neil P. Campbell, M.D.
M. D. or other

Address Kennaway Apt. Wash. D.C. Date signed Aug 14, 1940

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08713

(8)

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Monty — Registration Dist. No. 218

Village or City Gaithersburg — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Imogene Hatton

(a) Residence: No. ✓ St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 8-31-40

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	✓	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Germantown
(State or country) Md

FATHER

13. NAME F. W. Hatton

14. BIRTHPLACE (city or town) Washington
(State or country) D.C.

MOTHER

15. MAIDEN NAME Joyce V. Pearini

16. BIRTHPLACE (city or town) Boyd
(State or country) Wis

17. INFORMANT J. T. Simpson
(Address) Gaithersburg, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Germantown Date 8/31, 1940

19. UNDERTAKER F. W. Hatton
(Address) Germantown Md

20. FILED Aug. 31, 1940 Alveda L. Cooke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) 8 (Day) 31, 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from (Premature Birth), 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at —m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(Born Dead)	

Other Contributory Causes of Importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. T. Simpson M. D.

(Address) Gaithersburg Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 6 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

08714

Reg. Dist. No. 2-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Rural near Darnestown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 44 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural near Darnestown (Ward No.)
(If outside city or town limits, write RURAL NEAR and give town)

Street No. The Pines, 1 mi West Darnestown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mary Louise Hebron

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 22, 1940

8. AGE:

Years	Months	Days	If less than one day
0	1	15	____ hrs. ____ min.

9. Birthplace rural near Darnestown, Md. (Montgomery)
(Town, county, and state)

10. Usual occupation infant

11. Industry or business —

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden name Rebecca Louise Payne

15. Birthplace Montgomery Co., Md.

16. Informant birth certificate

Address —

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-6-1940 (month) (day) (year)

Cemetery or crematory Eliza Rest,

Location Poolesville Colored Church.

18. Funeral director (Brother) Sylvester Hebron

Address R F D # 2 Germantown

19. Aug 6 1940 Elyton D. Nourse
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from did not attend to 19, and that I last saw h alive on 19.

Immediate cause of death Accidental Suffocation Asphyxia — DURATION 7

Due to Suffocation under bed covers accidental

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy (Suffocation Post Mortem confirmation)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

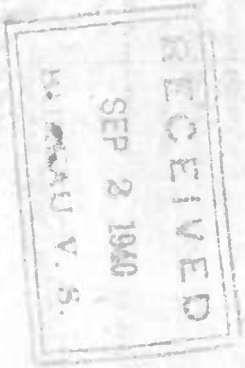
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Upton D. Monroe M.D.
M. D. or other

Address Darnestown Md Date signed 8/6/40

Dr. C. E. Hawkes (Coroner for Muskegon Co.) has consulted in regard to issuance of burial permit after I had viewed the remains and signed it. U.S.P.H.S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08715

Reg. Diat. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Sandy Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md. County: Montgomery
City or town: Sandy Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Catherine Hood

3. (b) Social Security Number: non

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	A.A.	Widowed

6 (b) Name of husband or wife: Horace Teighman Hood
Deceased 9:18:37 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 3, 1871

8. AGE:

Years	Months	Days	If less than one day
69	2		hrs. min.

9. Birthplace: Gaithersburg (Town, county, and state) Md.
10. Usual occupation: Domestic
11. Industry or business
FATHER 12. Name: John Warren
13. Birthplace: Montg. Co. Md
MOTHER 14. Maiden name: Susan
15. Birthplace: Md
16. Informant: William E. Hood Son
Address: Sandy Spring
17. Buried (Burial, cremation, or removal. Which?) Date thereof Aug 7 1940 (month) (day) (year)
Cemetery or crematory: Sandy Spring
Location: Sandy Spring
18. Funeral director: Robert L. Snowden
Address: Rockville Md
19. Aug 7 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4 1940, at 3:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 1932, to Aug. 4 1940, and that I last saw her alive on July 31 1940.

Immediate cause of death	DURATION
Mitral Disease	
Due to	
Due to Hypertension	
Other conditions Arthritis	
Sciatica	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work? X

23. SIGNATURE: Webster Sewell M.D.
M. D. or other
Address: Norbeck, Md. Date signed 8.5.40

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SEP 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08716

131-a

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. 7223 Wisconsin Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellye Virginia Huff If U. S. Veteran, specify WAR .....

(a) Residence: No. 7223 Wis. Ave. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of D. W. O. Huff

6. DATE OF BIRTH (month, day, and year) Sept 27, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Aberdeen (State or country) Maryland

FATHER

13. NAME William H. Wilson

14. BIRTHPLACE (city or town) ? (State or country) .....

MOTHER

15. MAIDEN NAME Jane Cullison

16. BIRTHPLACE (city or town) ? (State or country) Maryland

17. INFORMANT D. W. O. Huff (Address) 7223 Wis. Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, Md. Date Aug. 8, 1940

19. UNDERTAKER Wm. Reuben Pumphrey (Address) 7005 Wis. Ave, Bethesda, Md.

20. FILED Aug. 7, 1940 B. C. Perry M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 6th (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Summer, 1925 to Aug 6, 1940

I last saw her alive on July 25th, 1940 death is said to have occurred on the date stated above, at 4.05 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular Disease	Chronic
Other Contributory Causes of importance: Myocarditis	
Hypertensive Heart Disease	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank D. Williman M. D.

(Address) 2731 Conn. Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Washington D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

08717

CERTIFICATE OF DEATH

Reg. Dist. No. 113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15-1

1. PLACE OF DEATH
County: Montgomery
City or town: Seneca
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Seneca Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allie Alphonzo Jackson

3. (b) Social Security Number 579-13-5558

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Widower

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 18 1885

8. AGE: Years	Months	Days	If less than one day
55	5	23	hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Levi Hall Jackson
13. Birthplace: Md
MOTHER 14. Maiden name: Eliza Mitchell
15. Birthplace: Md.
16. Informant
Address
17. (Burial, cremation, or removal. Which?) Date thereof: Aug 14 1940 (month) (day) (year)
Cemetery or crematory: Seneca Md
Location: Seneca Md.
18. Funeral director: Clarence H Davis
Address: Poolesville Md
19. Aug. 13 1940 (Date rec'd by registrar) Upton D. Pearce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug - 11 - 1940, at 2 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1938, to Aug - 11 - 1940, and that I last saw him alive on Aug 5 - 1940.

Immediate cause of death	DURATION
Organic Dementia	2 years
Due to High arterial Tension	?
Due to Arterio-Sclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury — Injured at work?

23. SIGNATURE: H. C. Miller M. D. or other
Address: Gaithersburg, Md Date signed: 8/12/40

RECEIVED
SEP 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-a)

CERTIFICATE OF DEATH

3/6

08718

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 days.

Stay in this community (yrs., or mos., or days) unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring R 2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Colesville Md - Res -

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Betty Jo Jones

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1938

8. AGE: Years	Months	Days	If less than one day
2	5	10	____ hrs. ____ min.

9. Birthplace Rogersville Tenn.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER

12. Name Woodrow Jones

13. Birthplace Rogersville, Tenn.

MOTHER

14. Maiden name Bertha Bean

15. Birthplace Rogersville, Tenn.

16. Informant Hosp. Records

Address Olney - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 5, 1940 (month) (day) (year)

Cemetery or crematory Patuxent Cemetery

Location Gunpowder, Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Aug 5 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 - 1940, to Aug 3 1940

and that I last saw her alive on Aug 3 - 1940

Immediate cause of death — DURATION

Acute Miliary Tuberculosis — 4 days

Due to (Pulmonary)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Chas B Tumbleson MD
M. D. or other

Address Sandy Spring, Md. Date signed 7-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08719

CERTIFICATE OF DEATH

Reg. Diat. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Spencerville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Colesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma E. Kelley

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8 (b) Name of husband or ~~wife~~: Benjamin H. Kelley
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 12, 1855

8. AGE: Years	Months	Days	If less than one day
85	3	-	hrs. min.

9. Birthplace: Frederick County, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: John J. Miller
13. Birthplace: Frederick County, Maryland

MOTHER 14. Maiden name: Margaret Donaldson
15. Birthplace: Virginia

18. Informant: Francis Miller Md.
Address: 4400 Flowerton Rd., Baltimore,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 15, 1940 (month) (day) (year)
Cemetery or crematory: Colesville Cemetery
Location: Colesville, Maryland

18. Funeral director: Warner E. Pumphrey
Address: 8424 Ga. Ave., Silver Spring, Md.

19. Aug 13 1940 (Date rec'd by registrar) Gertrude B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/12/ 1940, at 6:22 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/20/ 1938, to 8/12/ 1940, and that I last saw h/e alive on 8/ 8/ 1940.

	DURATION
Immediate cause of death: Uraemia	6 days
Due to: Chronic Interstitial Nephritis	3 yrs
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury — injured at work?

23. SIGNATURE: [illegible] M.D.
M. D. or other
Address: Silver Spring, Md. Date signed 8/13/40

RECEIVED
SEP 7 1940
BUREAU V. S.

08720

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (146-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 1/2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mt. Ranier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Box 82
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Edith Emily Eaton Lanier

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frank Branson Lanier

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) April 9, 1896

8. AGE: Years 44 | Months 4 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Biloxi, Mississippi
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name Fred William Eaton
13. Birthplace Meredin, Mississippi

MOTHER
14. Maiden name Bewhla Batton
15. Birthplace Crystal Springs, Miss.

16. Informant Washington Sanitarium and Hospital Records
Address Takoma Park, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 8-13-40 (month) (day) (year)

Cemetery or crematory

Location Hyattsville, Md.

18. Funeral director F. Gasch's Sons.

Address Hyattsville, Md.

19. 8/13/40 (Date rec'd by registrar) 19 J. H. Dudley Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 1:50 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940, to Aug 13 1940, and that I last saw her alive on Aug 13 1940.

Immediate cause of death: Postpartum Hemorrhage

Due to complete bilateral laceration of cervix

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

DURATION: 6 hours; 6 hours

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Malin M.D. M. D. or other

Address Riverdale Md Date signed 8/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

08721

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 5500 Hampden Lane, Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 5500 Hampden Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mildred Stowe Littlejohn

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William F. Littlejohn

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 8, 1897

8. AGE: Years	Months	Days	If less than one day
42	8	22	hrs. min.

9. Birthplace: Barre, Vermont
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William L. Stowe
13. Birthplace: Vermont

MOTHER
14. Maiden name: Elizabeth Kezer
15. Birthplace: Vermont

16. Informant: William F. Littlejohn
Address: 5500 Hampden Lane, Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 30, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Arlington, Virginia

18. Funeral director: W. Reuben Humphrey

Address: 7005 Wisconsin Bethesda Md

19. Aug. 29th 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 27 1940, at 9 05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to Aug 27 1940, and that I last saw h alive on Aug 26 1940.

Immediate cause of death	DURATION
Carcinoma - Uterus	4 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: X Ray of pelvis showed bone metastases in femur & ischium
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John F Preston M. D. or other

Address: 1156 Connecticut Ave Date signed: 8-27-40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-B

08722

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County: Montgomery

City or town: Washington Grove
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Washington County: D.C.

City or town: 3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3900 - Northampton St NW
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs Delphine Carusi Lord

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of ~~husband~~ or wife: Wm Edward Lord

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 27 - 1848

8. AGE: Years: 91 Months: ~~11~~ Days: 27 If less than one day: 25 hrs. ____ min.

9. Birthplace: New York
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Unknown - - Carusi
13. Birthplace: Brooklyn New York

MOTHER
14. Maiden name: Unknown
15. Birthplace: Brooklyn New York

16. Informant: Mrs Sarah Chapin Hunter
Address: 3900 - Northampton St NW

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 24 - 1940
(month) (day) (year)

Cemetery or crematory: Congressional

Location: Washington D.C.

18. Funeral director: Wm. Reuben Pumphrey
Address: Rockville - Maryland

19. Aug 23 1940 Alfreda L Cooke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION (1:15)

20. DATE OF DEATH: Aug 22 1940, at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw her alive on Aug 18 1940.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions: Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
(Hunter)
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: C. E. Hawks M. D. or other
Address: Rockville Md Date signed: 8/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1:15 PM,

ADDITION OF FATHER'S SURNAME AND TOWNS OF PARENTS' BIRTHS
ADDED THRU LETTER FILED 10-29-40 under LORD.

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08723

(95-C)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Glen Echo No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Perry Lowe If U. S. Veteran, specify WAR

(a) Residence: No. Glen Echo St., Ward. Social Security No. 578-07-6948

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Winifred Lowe

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stage Hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Cop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME Lewis Perry Lowe

14. BIRTHPLACE (city or town) (State or country) DC

MOTHER

15. MAIDEN NAME Ennis

16. BIRTHPLACE (city or town) (State or country) DC

17. INFORMANT Winifred Lowe (Address) Glen Echo Md.

18. BURIAL, CREMATION, OR REMOVAL Place Ft Lincoln Cemetery Date Sept 3, 1940

19. UNDERTAKER W. W. Chambers Co (Address) 3072 M St NW

20. FILED Aug. 30th, 1940 B. C. Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 30th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dead on arrival, to , 19

I last saw h ~~alive~~ on ; death is said to have occurred on the date stated above, at 1:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	8-30-40

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Bethesda Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED SEP 5 1940 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-0)

08724

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Near Potomac Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Potomac Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua Lynch.

3. (b) Social Security Number None

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs Joshua Lynch

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23 - 1894

8. AGE: Years 45 | Months 8 | Days 4 | If less than one day hrs. min.

8. Birthplace Cropley Maryland
(Town, county, and state)

10. Usual occupation Handyman

11. Industry or business

FATHER
12. Name Martin V Lynch
13. Birthplace Maryland

MOTHER
14. Maiden name Susan C Davis
15. Birthplace Maryland

16. Informant Ray Lynch (Son)

Address Rockville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 31-1940 (month) (day) (year)

Cemetery or crematory M E Church

Location Potomac, Md

18. Funeral director Warner E. Pumphrey

Address Rockville, Md

19. 8-30 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw alive on Sept 19

Immediate cause of death Depressed fracture of skull over left parietal & temporal bones.

Due to Auto accident

Due to Laceration of right ear face right hand, contusion of right pest chest.

Other conditions
(Include pregnancy within 3 months of death)

DURATION

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/27/40

Where did injury occur? Falls Road Mont Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE C. E. Hawks M. P. or other

Address Deputy Med Ex Rockville Md Date signed 8/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08725

(93-L)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Glen Echo Heights No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Montgomery Magruder

(a) Residence: No. Glen Echo Heights St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary Lee Magruder

6. DATE OF BIRTH (month, day, and year) March 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Government

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery County Md.
(State or country)

FATHER

13. NAME WILLIAM W. MAGRUDER

14. BIRTHPLACE (city or town) MONTGOMERY COUNTY MD.
(State or country)

MOTHER

15. MAIDEN NAME KATHERN E BAKER

16. BIRTHPLACE (city or town) MONTGOMERY COUNTY MD.
(State or country)

17. INFORMANT Mrs Jennie Dwyer
(Address) Glen Echo Heights Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Rockville Union Date 8/12, 1940

19. UNDERTAKER Mr Reuben Pumphrey
(Address) 7005 Wis Ave. Bethesda Md

20. FILED Aug. 12, 1940 B. C. Perry, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1940, to August 8, 1940

I last saw him alive on August 8, 1940; death is said to have occurred on the date stated above, at 7:10 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1-14-40

Other **Contributory Causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Isadore Rod M. D.

(Address) 1803 Biltmore St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08726

1. PLACE OF DEATH (94a)

County Monty Registration Dist. No. 218

Village or City Gaithersburg Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza F. McCabe If U. S. Veteran, specify WAR

(a) Residence: No. Gaithersburg Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas A. McCabe

6. DATE OF BIRTH (month, day, and year): Oct 20

7. AGE: 1857 | Years: 82 | Months: 9 | Days: 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ✓

10. Data deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George W. Evans

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Barbra Cauffman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): H. M. Wilson, Methodist Home Gaithersburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place Gaithersburg Date Aug 20, 1940

19. UNDERTAKER (Address): E. C. Garner Gaithersburg Md

20. FILED Aug. 19, 1940 Alverda G. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 18, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 1936, to August 18, 1940

I last saw her alive on August 18, 1940; death is said to have occurred on the date stated above, at 1:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	August 17

Other Contributory Causes of Importance:

Hypertension

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Esther F. Huhn M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08727

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Springs
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1107- B. Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgomery
City or town Silver Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1107- B. Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie McHale.

3. (b) Social Security Number None

4. Sex F
5. Color or race W
8. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 22, 1888

8. AGE: Years 52 Months - Days 10 If less than one day hrs. min.

9. Birthplace Genesee, Potter Co. Penna
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Thomas P. McHale
13. Birthplace Ireland
MOTHER 14. Maiden name Margaret Costello
15. Birthplace Le Roy, N.Y.
16. Informant Catherine M. McHale
Address 1107-B. St. Silver Springs Md.
17. Removal. Date thereof Aug 2 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
18. Funeral director T. F. Costello
Address Wash. D.C.
19. Aug 2 1940 Sallie B. Leiling Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1940, to Aug 1 1940, and that I last saw her alive on Aug 1 1940.

Immediate cause of death Carcinoma of breast with metastasis to skin, ribs and axilla
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of left breast
Of autopsy

DURATION 5 mos

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John A. Simpson M.D.
M. D. or other
Address 1018 Monroe St. N.E. Wash. D.C. Date signed Aug. 2, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08728

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Gaithersburg, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Diamond ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miles

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced —
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) August 11 1940
8. AGE: Years Months Days If less than one day
Still-born hrs. min.
9. Birthplace Olney, Montg. Co. Maryland.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Moses P. Miles
13. Birthplace Frederick, Md.
MOTHER 14. Maiden name Madeline Ivy Hawkins
15. Birthplace Clarksburg, Md.
16. Informant Hospital records
Address
17. Cremation (Burial, cremation, or removal. Which?) Date thereof Aug. 11, 1940 (month) (day) (year)
Cemetery or crematory Montgomery County General Hospital
Location Olney, Md.
16. Funeral director Montg. Co. Gen. Hospital
Address Olney, Md.
19. Aug 12 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

Still-born
20. DATE OF DEATH August 11 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still born, to 19
and that I last saw h alive on 19
Immediate cause of death Premature
Due to [signature]
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Sandy Spring, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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08729

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Etchison Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 79 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Etchison Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lydia E Moore

3. (b) Social Security Number none

4. Sex Female

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Luther J Moore

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 2 1860 1820

8. AGE: Years 79 Months 9 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business Home

FATHER 12. Name Hamilton Warfield

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden name Harriett Watkins

15. Birthplace Montgomery Co Md

16. Informant Russell J Moore

Address Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 7 1940 (month) (day) (year)

Cemetery or crematory Mt Tabor

Location Montgomery Co Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. 8/7 1940 (Date rec'd by registrar) L. J. Bell Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940 at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1940, to Aug 5 1940, and that I last saw her alive on Aug 5 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 5 days

Due to Arteriosclerosis — unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Vernon H Dyson M. D. or other

Address Laytonsville Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1640)

CERTIFICATE OF DEATH

08730

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Near Olney rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Near Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Helen C Nicholson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Robert Lewis Nicholson

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov 15 1902

8. AGE: Years	Months	Days	If less than one day
37	9	13	hrs. min.

9. Birthplace Montgomery Co Md (Town, county, and state)
10. Usual occupation Home Maker
11. Industry or business Home

FATHER
12. Name Granville J Thompson
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden name Edna B Tucker
15. Birthplace Montgomery Co Md

16. Informant Robert L Nicholson
Address Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30 1940 (month) (day) (year)
Cemetery or crematory St John Church
Location Montgomery Co Md
18. Funeral director Roy W Barber
Address Gaithersburg Md

19. Aug 30 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940, at 5a M about

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---, 19--, to ---, 19--, and that I last saw him alive on ---, 19--.

Immediate cause of death Coroners Case Strangulation by hanging Suicide — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 8/28/40
Where did injury occur? Olney Montgomery Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Hung self Injured at work? No

23. SIGNATURE C R Hawks Coroner
Address Rockville Md Date signed 9/2/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(48-B)

08731

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Gaithersburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chestnut Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Chestnut Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Emma Beall Norris

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Abell A Norris

6(c) If alive, give age about 60 years

7. Birth date of deceased (mo., day, yr.): March 22-1884

8. AGE: Years 56 | Months 5 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace: St-Marys Co-Md
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Own home

FATHER
12. Name: Charles Edward Beall
13. Birthplace: Dickerson-Md

MOTHER
14. Maiden name: Mary Elizabeth Clements
15. Birthplace: Comus-Maryland

16. Informant: Abell A. Norris-Jr (Son)

Address: 134-South Adams Rockville Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Aug 29/40
(month) (day) (year)

Cemetery or crematory: St. Rose Catholic Church

Location: Gloppers-Montg. Co-Md

18. Funeral director: Mrs. Reuben Humphrey

Address: Rockville-Md

19. Aug 28 1940 Alveda G. Cook
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1940, at 8-10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Aug 27 1940, and that I last saw her alive on Aug 21 1940.

Immediate cause of death: Carcinoma of Uterus

DURATION: 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F. J. Brorchart M.D.
M. D. or other

Address: Gaithersburg Md Date signed 8-28-40

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (52-A)

Reg. Dist. No. 216

08732

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Chevy Chase (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 209 Bradley Blvd.

(d) Length of stay in hospital or inst. (yrs., mos., or days) yr.

(e) Length of stay in this community (yrs., mos., or days) Lifetime

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Montgomery

(c) City or town Chevy Chase (If outside city or town limits, write RURAL and give town)

(d) Street No. 209 Bradley Blvd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** E. Winsor Offutt

3 (b) If veteran, name war: none

3 (c) Social Security No. 577-10-7843

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Louise A. Offutt

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 26, 1890

8. AGE: Years 50 | Months 1 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Lexington, Mo. (Town, county, and state)

10. Usual occupation Real Estate

11. Industry or business "

FATHER

12. Name M. Wilson Offutt, Sr.

13. Birthplace Monty. Co. Md.

MOTHER

14. Maiden Name Addie E. Winsor

15. Birthplace Lexington, Mo.

16 (a) Informant Mrs. F. Fortune (Daughter)

(b) Address Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1940 (month) (day) (year)

(c) Cemetery or crematory Rockville Cemetery

Location Rockville, Md.

18 (a) Funeral director Wm. Reubel Pumphrey

(b) Address 7005 Wisc. Ave. Bethesda

19 (a) Aug. 31, 1940 (Date rec'd by registrar) (b) B. C. Perry. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 29, 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20, 1937, to Aug. 29, 1940, and that I last saw him alive on Aug. 29, 1940

Immediate cause of death: Carcinoma of Kidney — Duration: 3 yrs.

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of right kidney

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature E. G. Bauersfeld M.D. (M.D. or other)

Address Bethesda, Md. Date signed Aug. 31-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

08733

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Monty; City or town near Barnesville (If outside city or town limits, write RURAL NEAR and give town); Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State County

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Linwood Thomas Offutt Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 - 40

8. AGE:

Years	Months	Days	If less than one day
0	0	4	hrs. min.

9. Birthplace near Barnesville (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Linwood Thomas Offutt Sr

13. Birthplace Dickerson

MOTHER 14. Maiden name Helen Walters

15. Birthplace Redland md

16. Informant Mrs Linwood Offutt

Address Dickerson R F D 8

17. cemetery (Burial, cremation, or removal. Which?) Date thereof Aug 20-40 (month) (day) (year)

Cemetery or crematory cemetery

Location Boyds, md

18. Funeral director W B Hilton

Address Barnesville

19. Aug 20 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1940, at 3 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 1940, to Aug 20 1940, and that I last saw him alive on Aug 17 1940.

Immediate cause of death	DURATION
Premature birth about 6½ mo in Uterus	
Due to Congenital weakness of Heart.	4 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Boyds ville Date signed 8/29/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

08734

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rockville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hunger Tavern - N. Washington St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Michigan County

City or town Box 296 Rockford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Unknown - This information from paper in pocket

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish & American World War

3. (a) FULL NAME John V. Oliver

3. (b) Social Security Number None

4. Sex M.

5. Color or race N.

6. (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 8 - 1871

8. AGE: Years 68 Months 9 Days 22 If less than one day ____ hrs. ____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Police Depart - Rockville Sta

Address Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 5 - 1940 (month) (day) (year)

Cemetery or crematory Arlington Natl Cem

Location Virginia

18. Funeral director Wm. Reuben Pumphrey

Address Rockville Md

19. Sept 4 1940 (Date rec'd by registrar) 1940 Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/30/ 1940, at 2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Found dead 19__, to __ 19__, and that I last saw h__ alive on __ 19__.

Immediate cause of death Probably cardiac

Due to Coronary Occlusion. Found dead in bed. Had complained of feeling badly for 2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION 2

2

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Bird acting Med Exam for Montgomery Md M. D. or other

Address Sandy Spring Md Date signed 8/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

08735

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Takoma Park, Maryland (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington San. Tavium Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 hrs. 50 min.
Stay in this community (yrs., or mos., or days): 2 hrs. 50 min.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Silver Springs, Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: Eldridge Ave., Hollywood Park, (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rose Mary Petroskey

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 6, 1940

8. AGE: Years | Months | Days | If less than one day: 2 hrs. 50 min.

9. Birthplace: Takoma Park, Montgomery Co., Md (Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER
12. Name: Edwin Adam Petroskey
13. Birthplace: Chicago, Illinois

MOTHER
14. Maiden name: Julia Evelyn Quay
15. Birthplace: Washington, D.C.

16. Informant: Washington San. & Hosp. Records
Address: Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-6-40 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Bladensburg, Md.

18. Funeral director: F. Gaschis Son.
Address: Hyattsville, Md.

19. Aug 7 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 6, 1940, at 10 05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 1940, to Aug 6 1940, and that I last saw her alive on Aug 6, 1940

Immediate cause of death	DURATION
Premature Birth	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robert Astare M.D. (M. D. or other)
Address: Takoma Park, Md. Date signed 8/7/40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

08736

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 17 E. Woodbine Street
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: John Poole

3.(b) Social Security Number: 577-10-8183

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Frances Barber Poole — 6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): May 11, 1875

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
65	3	6		

9. Birthplace: Parkersburg, West Virginia
(Town, county, and state)

10. Usual occupation: Realtor

11. Industry or business

FATHER — 12. Name: Nathan Algernon Poole

13. Birthplace: West Virginia

MOTHER — 14. Maiden name: Lillian de Camps

15. Birthplace: West Virginia

16. Informant: Frances B. Poole

Address: 17 E. Woodbine St., Chevy Chase

17. (Burial, cremation, or removal. Which?) Removal to D.C. Date thereof (month) Aug (day) 17 (year) 40

Cemetery or crematory: Glenwood Park

Location: Washington, D.C.

18. Funeral director: Jos. Sawles Sons

Address: 1756 Pa. Ave., N.W., Washington, D.C.

19. (Date rec'd by registrar) Aug. 17 1940 — Registrar: Thomas Conrad

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17, 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6th 1940, to Aug 17th 1940

and that I last saw him alive on Aug 17th 1940

Immediate cause of death	DURATION
Hypostatic congestion of Lungs	4 days
Due to: Hypertension & cardiac hypertrophy	3 mos 11 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J C Ingrahook M. D. or other

Address: 1501 Del Mar, Md. Date signed: Aug 17

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

08737

CERTIFICATE OF DEATH

Reg. Diat. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Montgomery

City or town Brinklow Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oliver Powell

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col.	widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
99?			hrs. min.

9. Birthplace Montgomery Co. Maryland.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER 12. Name Samuel Powell

13. Birthplace Howard Co

MOTHER 14. Maiden name Billie

15. Birthplace Howard Co

16. Informant Hospital Records.

Address

17. Buried (Burial, cremation, or removal (Which?)) Date thereof aug 17 1940 (month) (day) (year)

Cemetery or crematory Sandy Spring

Location Sandy Spring Md

18. Funeral director Robert L. Snouffer

Address Rockville Md

19. Aug 17 1940 (Date rec'd by registrar) Gertrude B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from aug 6th 1940, to aug 14 - 1940, and that I last saw him alive on aug 14th - 1940.

	DURATION
Immediate cause of death	
Lobar pneumonia	4 days
Due to punctured lung	8 days
Due to fall & fractured ribs	8 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide fell down Stairs Date of 8-6-40

Where did injury occur? Brinklow, Mont, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury fell down stairs Injured at work? no

23. SIGNATURE Chas. E. Tomlinson M.D. M. D. or other

Address Sandy Spring, Md Date signed 8/14/40

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AUG 30 1940
BUR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

08738

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Seven Mountains
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Died on Way to Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days) _____

Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Etchison -
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Walter Raynor

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 14, 1929

8. AGE:

Years	Months	Days	If less than one day
11	7	16	_____ hrs. _____ min.

9. Birthplace Kensington, Montgomery Co Md
(Town, county, and state)

10. Usual occupation School boy

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden name Ethel Raynor
15. Birthplace

16. Informant County Records
Address Rockville md

17. Salem Cemetery Date thereof Sept 1 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Montgomery Co md

Location Cedar Grove

18. Funeral director Roy W. Barber

Address Gaithersville Md

19. Sept 1 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1940, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from aug 30 1940, to aug 30 1940 and that I last saw him alive on aug 30 - 1940

Immediate cause of death	DURATION
Fracture of skull	½ hour
Due to accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8-30-40

Where did injury occur Mr. Etchison - Montg Co Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State road Etchison

Means of injury hit by auto Injured at work? no

23. SIGNATURE Chas E Tomlinson MD
M. D. or other

Address Sandy Spring Md Date signed 8-30-40

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SEP 7 1940
BUREAU V. S.

08739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Germantown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Germantown Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Ida F. Richter

3. (b) Social Security Number None.

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1875

8. AGE: Years 75 Months 0 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Earnest H. Richter

13. Birthplace Germany.

MOTHER 14. Maiden name Mary P. Nicholls.

15. Birthplace Fredrick Co. Md.

16. Informant Mrs Daisy Murphy.

Address Germantown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug - 11 - 1940 (month) (day) (year)

Cemetery or crematory Neelsvill, Church cem.

Location near Gaithersburg, Md.

18. Funeral director Wm Reuben Humphrey.

Address Rockville Md.

19. Aug. 10 1940 (Date rec'd by registrar) Alveda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July - 23 - 1940, to Aug - 9 - 1940, and that I last saw h on alive on 8/9 1940.

Immediate cause of death Heart attack — DURATION Suddenly

Due to Cerebral Hemorrhage

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) ✓ (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE I. N. Simpson M. D. or other

Address Gaithersburg Md. Date signed 8/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08740

1. PLACE OF DEATH (48-B)

County Montgomery Registration Dist. No. 216

Village or City Bethesda, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eva E. Schinmann If U. S. Veteran, specify WAR

(a) Residence: No. 108 Battery Lane Bethesda St., Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Adolf A. Schinmann

6. DATE OF BIRTH (month, day, and year) Nov. 20-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME Geo. Alvey

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Clara Hayes

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Adolf A. Schinmann

(Address) 108 Battery Lane Bethesda Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Ohio Cemetery Wash. D.C. Date 8-24, 1940

19. UNDERTAKER W.W. Chambers Co

(Address) 1400 Chapin St. N.W.

20. FILED 8-22, 1940 B. C. Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 22nd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1940, to Aug 22, 1940

I last saw her alive on Aug 21, 1940; death is said to have occurred on the date stated above, at 10:47 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	3 years

Other Contributory Causes of importance:

Metastasis & Toxemia

Name of operation Exploratory Date of 3 years ago

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lee L. Donovan M. D.

(Address) 416 Georgetown Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08741

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-J)

County Mont Registration Dist. No. 217

Village or City Spencerville Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary E. Shaw

(a) Residence: No. Spencerville St. Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
fem	white	widow

5e. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Jas. W. Shaw

6. DATE OF BIRTH (month, dey, and year) May 8th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	27	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupetion (month and year) 1940

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) Howard Co. (Stete or country) md

FATHER

13. NAME Jacob B. Souder

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Eliz. Lewis

16. BIRTHPLACE (city or town) unknown (Stete or country)

17. INFORMANT Roger Shaw (Address) Spencerville

18. BURIAL, CREMATION, OR REMOVAL Place Spencerville Md Date Aug 7th, 19 40

19. UNDERTAKER Lord Laurel (Address) Laurel Md

20. FILED Aug 6, 1940 Gertrude B. Lawler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 5th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from June 1 —, 1940, to aug 5th, 1940

I last saw h-er alive on aug 3 —, 1940, death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Carcinoma of liver with metastases	Unknown
Other Contributory Causes of Importance:	

Name of operetion no Dete of

Whet test confirmed diegnosis? Examination Was there an autopsy? no

23. If death wes due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas B Tomlison M. D.

(Address) Sandy Spring Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
SEP 7 1940

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08742

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Monty

City or town Barnsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still birth Starkey

3. (b) Social Security Number

4. Sex: Undetermined

5. Color or race: W

6.(a) Single, married, widowed, or divorced: s

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 - 40

8. AGE: Years | Months | Days | If less than one day hrs. 0 min.

9. Birthplace Barnsville
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Joe Stalkey
13. Birthplace Rockville Md

MOTHER
14. Maiden name Rebecca Price
15. Birthplace Barnsville Md

16. Informant Mrs Joe Stalkey
Address Barnsville

17. On premises
(Burial, cremation, or removal. Which?)
Date thereof 8/14/40 (month) (day) (year)

Cemetery or crematory Mrs G H Price premises

Location Barnsville Md

18. Funeral director Joe Stalkey Father
Address Barnsville Md

19. Aug 14 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1940, at 28 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1940, to Aug 14 1940, and that I last saw h alive on Sead Aug 14 1940.

Immediate cause of death Spontaneous abortion by mother Sustation about

Due to 2 1/2 mo

Due to

Other conditions Unknown
(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Barnsville Poolesville Date signed 8/14/40

RECEIVED
SEP 6 1940
BUREAU V. S.

08743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Beallsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Mont

City or town Beallsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ann Stout

3. (b) Social Security Number

4. Sex female

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Isaac N. Stout

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 - 1860

8. AGE: Years 79 Months 8 Days 13 If less than one day hrs. min.

9. Birthplace Frederick County Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William J Brunner
13. Birthplace Maryland

MOTHER
14. Maiden name Julia A. Miller
15. Birthplace Maryland

16. Informant George A Stout
Address Beallsville Md

17. Burial Date thereof 8/29/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville

18. Funeral director William B. Hilton
Address Barnesville Md

19. Aug 27 1940 E W White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940, at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 27 1940, to Aug 27 1940, and that I last saw her alive on Aug 26 1940.

Immediate cause of death acute myocarditis — DURATION 7 days

Due to Pulmonary tuberculosis — 3 yrs

Due to arterial sclerosis — 5 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White
M. D. or other

Address Poolesville Date signed 8/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Cutterization to add sex and color of deceased letter in permanent file under E. W. White, M.D.

2/6/41
M.G.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-D) CB

CERTIFICATE OF DEATH

48744

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days) 28 days

Stay in this community (yrs., or mos., or days) 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1841 Columbia Road, N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John Henry Thompson

3. (b) Social Security Number 577-01-8394

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Margaret Thompson

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) February 10, 1884

8. AGE: Years	Months	Days	If less than one day
56	5	7	____ hrs. ____ min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business General Amusement Co.

FATHER 12. Name William N. Thompson

13. Birthplace Snowhill, Maryland

MOTHER 14. Maiden name Martha Clarke

15. Birthplace Bailys Cross Rd. Virginia

16. Informant Chart-

Address

17. Burial [illegible] (Burial, cremation, or removal. Which?) Date thereof Aug 7-1940 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director S. H. Hines Co.

Address 14th and Harvard St. Wash. D.C.

19. Aug 7 1940 (Date rec'd by registrar) J. Wilkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7 1940, at 225 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-5 1940, to 8-7 1940

and that I last saw h[illegible] alive on 8-6 1940

Immediate cause of death Heart failure DURATION 2 days

Due to Cancer of Pancreas

Due to Central nervous System + Right Hydrothorax

Other conditions [illegible] 3 mos

no further information available

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Julian M Howe M. D. or other

Address 1309 R I Ave NW Date signed 8-7-40

RECEIVED
AUG 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

08745

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Mont

City or town Olney Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Mont Co

City or town Olney Ward No. — (If outside city or town limits, write RURAL NEAR and give town)

Street No. — (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Augusta Walker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	col	mar

6 (b) Name of husband or wife no

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 31 - 40

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day — hrs. — min.

9. Birthplace Mt Olney - Mont Co. Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Clarence A. Walker

13. Birthplace Mont Co Md

MOTHER 14. Maiden name Lilly Carter

15. Birthplace Mont Co Md.

16. Informant C. A. Walker

Address Olney Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 1, 1940 (month) (day) (year)

Cemetery or crematory Mt Zion cem

Location Mt Zion, Md.

18. Funeral director (Father) Clarence Walker

Address Olney Md

19. Sept 1 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 - 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-31- 1940 to 8-31- 1940, and that I last saw h alive on 8-31- 1940.

Immediate cause of death	DURATION
Prematurity	8 mo
Due to Breech Delivery	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Chas E. Smeltzer M. D. or other

Address Sandy Spring Md Date signed 9-1-40

RECEIVED
SEP 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

08746

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town _____ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 220 Willow Ave

Stay in hospital or inst. (yrs., or mos., or days) _____

Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Takoma Park Ward No. _____ (If outside city or town limits, write RURAL NEAR and give town)

Street No. 220 Willow Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Ruth Thomasson Watt

3. (b) Social Security Number _____

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Femal	White	Married

6 (b) Name of husband ~~or wife~~ Ramond D. Watt

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 4, 1892

8. AGE:

Years	Months	Days	If less than one day
48	5	4	____ hrs. ____ min.

9. Birthplace Gaffney S.C. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name D. W. Thomasson

13. Birthplace South Carolina

MOTHER

14. Maiden name Ann Jane Wiley

15. Birthplace North Carolina

16. Informant Ramand D. Watt

Address 220 - Willow Ave. Takoma Park

17. removal (Burial, cremation, or removal. Which?) Date thereof August 8, 1940 (month) (day) (year)

Cemetery or crematory Rock Hill, S.C.

Location _____

18. Funeral director Jos. F. Birch's Sons

Address 3034 - M St. N.W. - Wash, D.C.

19. Aug 8 1940 (Date rec'd by registrar) J. Hilton Riddell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1930, to Aug 8 1940, and that I last saw her alive on Aug 8 1940.

Immediate cause of death Metastatic carcinoma of lungs & pleura since March 1939 -

Due to Carcinoma of Rt breast which was removed in Apr. 1937

Due to _____

Other conditions Liver much enlarged -

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. Cabell Moore, M.D. M. D. or other

Address 1824 - Mass. Ave., Wash. D.C. Date signed 8/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

08747

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 329 North Chelsea Lane

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Mont.

City or town: Bethesda, Md. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 329 North Chelsea Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Clarence Welsh

3. (b) Social Security Number: 718-14-9600

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine E. Welsh

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 24 - 1882

8. AGE: Years: 57 Months: 11 Days: 22 If less than one day: hrs. min.

9. Birthplace: Wilmington Del.
(town, county, and state)

10. Usual occupation: Asst. Station Master

11. Industry or business: Railroad

FATHER 12. Name: William L. Welsh

FATHER 13. Birthplace: Chester, Penn.

MOTHER 14. Maiden name: Mary L. Whitcraft

MOTHER 15. Birthplace: Del.

16. Informant: Mrs. Katherine E. Welsh

Address: 329 - N. Chelsea Lane.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8 - 20 - 40 (month) (day) (year)

Cemetery or crematory: Prospect Hill Cemetery

Location: Washington, D.C.

18. Funeral director: William Leis Sons

Address: 600 - 4½ St. N.E.

19. 8-17 19 40 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 16, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1940 to Aug. 16, 1940; and that I last saw him alive on Aug. 16, 1940.

Immediate cause of death: Coronary Thrombosis — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. G. Bauersfeld M.D.
M. D. or other

Address: Bethesda, Md. Date signed: 8/16/40

RECEIVED
SEP 5 1940
BUREAU V.-S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08748

(137-a)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 27 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. Charles Allen White

(a) Residence: No. 102 West Cypress St., Ward. Chevy Chase, Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Alice White

6. DATE OF BIRTH (month, day, and year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	90	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Taunton (State or country) Massachusetts

FATHER

13. NAME Beezer White

14. BIRTHPLACE (city or town) Norton, Massachusetts (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Lake

16. BIRTHPLACE (city or town) Tiverton (State or country) Rhode Island

17. INFORMANT Washington Sanitarium Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug. 21, 1940

Wellesley-Norfolk County Mass.

19. UNDERTAKER Wm. Reuben Pumphrey (Address) Bethesda Md.

20. FILED Aug 14, 1940 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1940, to 8-19, 1940

I last saw him alive on Aug 8, 1940; death is said to have occurred on the date stated above, at 6:35 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Arteriosclerosis	1920
Benign Hypertrophy of Prostate	1938

Other Contributory Causes of Importance:

Pneumonia Bil.

Hypertension

Uremia

Name of operation Transurethral resection Date of 7-17-40 8-7-40

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Dabney Jarman M. D.

(Address) 1150 Conn. Ave. Wash. DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08749

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery (94a) Registration Dist. No. 213

Village or City Rockville. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Judick Yeakle If U. S. Veteran, specify WAR U. S. - None

(a) Residence: No. 2612 N. Charles St., Ward. Balto. Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) April 26 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work. for self.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) 8/15/40

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Yeakle III

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Irene Judick

16. BIRTHPLACE (city or town) (State or country) Catonsville, ? Md.

17. INFORMANT Miss Annie Yeakle (Address) Rockville.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 8/10/40, 19

19. UNDERTAKER Stewart & Wooden Company (Address) 108-20-North Ave. Balto. Md.

20. FILED Aug 8, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 19 40, to Aug 8, 19 40

I last saw h-r alive on August 8, 19 40; death is said to have occurred on the date stated above, at 1:35 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	8/8/40
Other Contributory Causes of importance:	
Hypertension	1930?
Hypertensive Heart disease.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Hulet M. D.

(Address) Rockville,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN